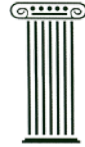
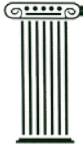


M.C. Management, Inc.

9732 N. 56th Street, Temple Terrace, FL 33617
Ph: (813) 988-4477, Fax: (813) 988-4476



Residential Application for Lease

DATE: _____ CONTACT PH #: _____

Full Name #1: _____ SOC: _____ DOB: _____ Ph: _____
Full Name #2: _____ SOC: _____ DOB: _____ Ph: _____
Current Address: _____ City: _____ State: _____ Zip: _____
Property Name: _____ Manager: _____ Phone: (____) _____ How Long: _____ Rent: \$ _____
Married: _____ Single: _____ Divorced: _____ Other: _____
Children- Name: _____ Age: _____; Name: _____ Age: _____
Name: _____ Age: _____; Name: _____ Age: _____;
Other people who will live with you: _____

NO PETS ALLOWED

Previous Address: _____ City: _____ State: _____ Zip: _____
Property Name: _____ Manager: _____ Phone: (____) _____ How Long: _____ Rent: \$ _____

#1's EMPLOYER: _____ Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone: (____) _____ How Long: _____ Income: \$ _____ per Week/Month/Year
PREVIOUS EMPLOYER: _____ Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone: (____) _____ How Long: _____ Income: \$ _____ per Week/Month/Year
#2's EMPLOYER: _____ Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone: (____) _____ How Long: _____ Income: \$ _____ per Week/Month/Year
PREVIOUS EMPLOYER: _____ Address: _____ City: _____ State: _____ Zip: _____
Supervisor: _____ Phone: (____) _____ How Long: _____ Income: \$ _____ per Week/Month/Year

AUTOMOBILES:

Year: _____ Make: _____ Model: _____ Color: _____ TAG: _____ State: _____
Year: _____ Make: _____ Model: _____ Color: _____ TAG: _____ State: _____

DL NUMBER: _____ ST: _____; #2's DL NUMBER: _____ ST: _____

Address on DL: _____; Address on DL: _____

BANK: _____ / _____ Address: _____ CITY: _____ ST: _____ ZIP: _____

TYPE OF ACCOUNT: CHECKING _____ SAVINGS: _____ LOAN: _____ TYPE OF ACCOUNT: CHECKING _____ SAVINGS: _____ LOAN: _____

Checking Account #: _____ / _____ Savings Account #: _____ / _____

CREDIT REFERENCES:

NAME: _____ Address: _____ TYPE: _____ PAYMENT: _____ OPEN/CLOSED

NAME: _____ Address: _____ TYPE: _____ PAYMENT: _____ OPEN/CLOSED

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: (____) _____

Address: _____ City: _____ State: _____ Zip: _____

----- FOR OFFICE USE ONLY -----

COMMUNITY/APT #: _____ Proposed Occupancy Date: _____

APP Fee Required: _____ APP Fee Received: _____ Date Received: _____

Security Deposit Required: \$ _____ Security Deposit Received: _____ Date Received: _____

Rent Required: \$ _____ Rent Received: _____ Date Received: _____

M.C. Management- APPLICATION AGREEMENT

A non-refundable charge of \$ _____ (CASH or MONEY ORDER ONLY) is required for processing this application.

Owner's Agent _____ acknowledges receipt from applicant of \$ _____ for processing charge and \$ _____ for reservation fee/ security deposit/ damage deposit. Acceptance of application and any monies deposited herewith are not binding upon Landlord until application is approved by Landlord.

- A) Applicant may withdraw this application within 48 hours after making application, and all monies given herewith shall be returned, except for the processing charge.
- B) If application is withdrawn after 48 hours, all monies will be forfeited.
- C) If application is not approved by the Landlord, all monies shall be refunded except for the processing charge.
- D) In the event of a refund, 14 days should be allowed for all checks to clear the bank, and for regular accounts payable processing.

I certify that the information given herewith is complete and correct. I authorize the Landlord or his Agent to verify the accuracy of these statements, to communicate with my employers and my creditors, and to procure such other information that may be required to evaluate this application.

False or derogatory information stated on my application may constitute grounds for rejection of this application and forfeiture of deposits. This may also constitute a criminal offense under the laws of this State.

If applicant fails to execute a Rental Agreement, or refuses to occupy premises on agreed upon date, all monies given herewith shall be retained by Landlord as liquidated damages.

DATE: _____ Applicant's Signature: _____

TIME: _____ EMAIL: _____

Co-Applicant's Signature: _____

EMAIL: _____

FOR OFFICE USE ONLY

APPROVED: _____

DECLINED: _____ DATE: _____ Owner's Agent: _____